PTO-B822 (06-09)
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US Patient and Tademan 4/0ffee, US DEPARTMENT OF COMMERCE
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FY 2009 MP1493-151668	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional)		
For A FILTER FOR A MODULATOR AND METHODS THEREOF Art Unit 2611					MP1493-151668		
Art Unit 2611 Art Unit 2611 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee	Application Number 10/734,117				Filed 12/15/2003		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee	For A FILTER FOR A MODULATOR AND METHODS THEREOF						
application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee Small Entity Fee	Art l	Jnit 26°	11	Examiner Freshteh N. Aghdam			
One month (37 CFR 1.17(a)(1)) \$130							
One month (37 CFR 1.17(a)(1))	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
Two months (37 CFR 1.17(a)(2)) \$490 \$245 \$				<u>Fee</u>	Small Entity Fee		
Three months (37 CFR 1.17(a)(3)) \$1110 \$555 \$		✓	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130.00	
Four months (37 CFR 1.17(a)(4)) \$1730 \$865 \$			Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 \$ Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500393 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the			Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director has already been authorized to charge fees in this application to a Deposit Account. What Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500393 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). Attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. [Kevin T. LeMond/			Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
A check in the amount of the fee is enclosed. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2036 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500393 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the			Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
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Signature Date Kevin T . LeMond (503) 222-9981 Typed or printed name Telephone Number NOTE. Signatures of all the inventions or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below Total of forms are submitted.							
Kevin T. LeMond (503) 222-9981		/Kevin T. LeMond/			06/16/2009		
Typed or printed name Telephone Number NOTE: Signatures of all the invertors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below Total of forms are submitted.		•			Date		
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signature is required, see below Total of forms are submitted.		Typed or printed name			Telephone Number		

This collection of information is required by 37 CFR 136(i). The formation is required to obtain or retain a benefit by the public which is to life (and by the LMFT) to process an application. Confidentially is governed by 55 U.S.C. 12 and 37 CFR 11 11 and 14. The collection is estimated to be mixed to the Confidential of th FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.